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DEPUTY MAJORITY WHIP

Appropriations Committee

Chair
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Management of Public Funds

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## THE MARYLAND HOUSE OF DELEGATES Annapolis, Maryland 21401

## March 5th, 2020

## HB 1360 – Health Insurance - Out-of-Pocket Maximums and Cost-Sharing Requirements - Calculation

Chair Pendergrass and the Esteemed Members of the Committee

I am happy to introduce to you today House Bill 1360 – Health Insurance - Out-of-Pocket Maximums and Cost-Sharing Requirements - Calculation. This bill requires all payments made by patients – either directly or on their behalf – be counted towards their overall out of pocket maximum requirement, or towards their deductible.

This protects patients from receiving surprise bills or treatment delays because their insurance company only counts payments made directly by the patient towards cost-sharing requirements. Insurers are increasingly implementing "co-pay accumulator programs." These programs stipulate that the insurer will not count co-pay assistance towards the patient's deductible or out-of-pocket maximum. In effect, this means that the insurer is double dipping: it is getting paid once by the co-pay assistance program, and then again from the patient's own pocket.

This has nothing to do with the cost of drugs. This is about fairness and equity for patients – especially those with chronic, costly conditions and with limited means. This bill has no fiscal note and bipartisan support. My fellow panel members are here to testify and answer any questions you may have.

Thank you for your time and consideration,

Delegate Pat Young, 44B

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